F9500005377

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ment Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
,		

Office Use Only



400149614414

04/14/09--01024--013 **35.00

FILED

09 APR 14 AH 8: 39

SECRETARY OF STATE
TALLAHASSEE FLORIDA





212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

April 8, 2009

RE: DELAWARE DIVERSIFIED CAPITAL CORPORATION. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>35.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
Florida Statutes, the undersigned,	igned, C T CORPORATION SYSTEM		
hereby resigns as Registered Agent for	(Name of Registered Agent) DELAWARE DIVERSIFIED CAPITAL CORPORATION (DE DOM.) (Name of Corporation)	,	
F95000005377			
(Document Number, if known)			
A copy of this resignation was mailed	to the above listed corporation at its last kr	nown address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the dat	te on which	
h	Olf.	_	
(S	Signature of Resigning Agent)		
If signing on behalf of an entity:		7	
C T CORPORA	TION SYSTEM - THERESA ALFIERI	09 A SECRE	
	(Typed or Printed Name)	PR TAR	
A	SSISTANT SECRETARY	LEI 4 A Y OF EE FI	
 .	(Capacity)) 1 8: STATI ORID	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314